

CONTINUATION PAY RENEWAL
 NAVMED 7220/2A / NAVCOMP T FORM 2184A (Rev. 9-71)

FROM: **NAME (FIRST, MIDDLE INITIAL, LAST)** **GRADE** **SOCIAL SECURITY NO.** **DESIGNATOR**

TO: **CHIEF, BUREAU OF MEDICINE AND SURGERY**

A. MEMBER'S CONTINUATION PAY AGREEMENT RENEWAL

I HAVE BEEN DESIGNATED BY A MEDICAL OFFICER CONTINUATION PAY SELECTION BOARD AS A MILITARY PHYSICIAN SPECIALIST. TO CONTINUE TO RECEIVE CONTINUATION PAY, I AGREE TO SERVE ON ACTIVE DUTY IN THE NAVY MEDICAL CORPS FOR A PERIOD OF [] (in words) YEAR(S); SUCH SERVICE TO COMMENCE ON THE EFFECTIVE DATE OF THIS AGREEMENT. I UNDERSTAND THAT IF I AM SEPARATED FROM THE NAVY MEDICAL CORPS PRIOR TO THE EXPIRATION OF MY COMMITMENT, I MUST REFUND THAT PORTION OF CONTINUATION PAY COVERING THE UNFULFILLED PART OF THE AGREEMENT.

SIGNATURE OF MEMBER _____ DATE [] [] []

B. CERTIFICATION BY COMMANDING OFFICER

PAY ENTRY BASE DATE [] [] [] (Obtain from NAVPERS 15,018 or NAVPERS 1301/6)

EXPIRATION DATE OF PREVIOUS CONTRACT [] [] []

EFFECTIVE DATE (Date of signature or one day after expiration date of the previous contract whichever is later) [] [] []

*COMPLETE ONLY FOR APPROVED SPECIALLY MERITORIOUS CASES (See SECNAVINST 7220.61 series)

THE SURGEON GENERAL HAS AUTHORIZED THIS MEMBER A LUMP SUM PAYMENT FOR CONTINUATION PAY EQUAL TO THE AMOUNT DUE FOR A [] (in words) YEAR PERIOD AT THE RATE OF BASIC PAY ON THE DATE HE SIGNED THIS AGREEMENT BY BUMED LETTER [] [] [] REFERENCE [] [] []

THE ABOVE DATA HAS BEEN VERIFIED AND HE MEETS ELIGIBILITY CRITERIA OF SECNAVINST 7220.61 SERIES.

TYPED NAME AND GRADE OF COMMANDING OFFICER _____ SIGNATURE OF COMMANDING OFFICER _____ DATE _____

C. DISBURSING OFFICER'S CERTIFICATION (DO NOT EFFECT PAYMENT PRIOR TO EFFECTIVE DATE)

This officer's record indicates that his present grade is _____ and his monthly basic pay rate is \$ [] and he is entitled to continuation pay under above agreement totaling \$ [] to be paid as follows:

- Annual installment of \$ [] paid on [] [] []
- Lump Sum Payment was made on [] [] [] (See *, Section B)

DISBURSING OFFICE SYMBOL _____ TYPED NAME OF DISBURSING OFFICER _____ SIGNATURE OF DISBURSING OFFICER _____

D. DISTRIBUTION - By Disbursing Officer

- ORIGINAL - BUMED (Code 31)
- 2 COPIES - Disbursing Office (Retain copy and forward copy to:
- 1 COPY - Medical Officer's local record
- 1 COPY - BUPERS (Pers E-2 - for Officer's record)

COMMANDING OFFICER
U. S. NAVY FINANCE CENTER (MPC)
NEW FEDERAL OFFICE BLDG.
CLEVELAND, OHIO 44199